

CLAIMS

1. A method for impeding the development or progression of a disease associated with subclinical inflammation comprising administering docosahexaenoic acid (DHA) to a patient in an amount effective to reduce subclinical inflammation.
2. The method of claim 1, wherein said disease is cerebrovascular disease, coronary artery disease or peripheral artery disease.
3. The method of claim 1, wherein said patient is suffering from type 2 diabetes mellitus (T2DM), metabolic syndrome or hypertension.
4. A method of prophylactic therapy for subclinical inflammation comprising administering DHA to a patient having an elevated level of circulating CRP, wherein said DHA is administered in an amount sufficient to reduce circulating CRP in the patient.
5. The method according to any one of claims 1, 2, 3, or 4 comprising administering an effective amount of DHA substantially contemporaneous with a second medicament to a patient, wherein said DHA and said second medicament are administered in an amount sufficient to reduce circulating C reactive protein in the patient.
6. The method according to claim 5, wherein said second medicament is an antiplatelet agent.
7. The method of claim 6, wherein the antiplatelet agent is aspirin, clopidogrel, a glycoprotein IIb/IIIa receptor antagonist, or combinations thereof.
8. The method of claim 7, wherein the antiplatelet agent is aspirin.
9. The method of claim 8, wherein from 35-250 mg aspirin is administered per day.
10. The method of claim 1, 2, 3, 4, 5, or 6 wherein the patient is a diabetic.
11. The method of claim 1, 2, 3, 4, 5, or 6 wherein the patient is a prediabetic.

12. The method of claim 1, 2, 3, 4, 5, or 6 wherein said patient is protected against peripheral artery disease associated with both early type II and pre-type II diabetes.
13. The method of any preceding claim wherein the patient exhibits at least three symptoms selected from abdominal obesity, high triglycerides, low HDL cholesterol, high blood pressure and fasting glucose greater than 100 mg/dL.
14. A method of treating an individual at risk of having a stroke comprising:
 - a) assessing an individual to determine if three or more risk factors are present wherein the risk factors are selected from abdominal obesity (men >40" waist, women >35"), high triglycerides (≥ 150 mg/dL), low HDL cholesterol (men <40 mg/dL women <50 mg/dL), high blood pressure ($\geq 130/\geq 85$), small LDL particle size and high fasting glucose (> 110 mg/dL) in combination with elevated levels of C-reactive protein;
 - b) providing said individual with a dosage of DHA which is greater than about 750 mg/day for a period of more than three months.
15. The method of claim 14, wherein the individual is also administered aspirin.
16. The method of any preceding claim wherein said administration of DHA is chronic.
17. The method of any preceding claim wherein DHA makes up at least about 70% of the fatty acids administered as a triglyceride oil, free fatty acids, fatty acid alkyl esters or combinations thereof.
18. The method of any preceding claim wherein DHA is administered in a triglyceride oil which contains no other ω -3 PUFA greater than about 4% of total fatty acid.
19. The method of any preceding claim wherein DHA is administered in a triglyceride oil which has an EPA content less than about one-fifth that of DHA.

20. The method of any preceding claim wherein DHA is administered in a food product that contains DHA as a triglyceride oil, free fatty acids, fatty acid alkyl esters or combinations thereof.
21. The method of claim 8 wherein 200 mg/day to 500 mg/day of DHA are administered and wherein 81 mg/day to 162 mg/day of aspirin are administered.